

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25471	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Joseph E Boston P.O. Box, Bldg., Room No., if any Street 9045 S. Western Ave. City Chicago State Illinois ZIP Code + 4 60620-6133	4. Name, file number, and address of labor organization. Name National Postal Mail Handlers Union Local 306 Labor Organization File Number 092-054 P.O. Box, Building and Room Number, if any Street 9045 S. Western Ave. City Chicago State Illinois ZIP Code + 4 60620-6133
5. Position in labor organization. TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Illinois ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph E. Boston</u>	On <u>05/03/2006</u> Date	<u>773 233 4434</u> Telephone Number

Name of Person Filing Joseph Boston	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One West Monroe</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-5301</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Client relations expenditures relating to provision of banking services.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>05/01/2005 - \$116.00 - White Sox Baseball Tickets</p> <p>08/28/2005 - \$43.00 - Cubs Baseball Tickets</p> <p>09/18/2005 - \$277.00 - Bears Football Tickets</p> <p>09/23/2005 - \$111.00 - White Sox Baseball Tickets</p> <p>10/11/2005 - \$139.00 - White Sox Baseball Tickets</p>
	<p>12.b. Amount. \$686</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Ave.

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals (lunch & dinner) during Mail Handlers Benefit Plan Seminar. October 6, 7 & 8, 2005.
Amount unknown, best estimate \$56.00

12.b. Amount.

\$280

Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name Amalgamated Bank of Chicago Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One West Monroe City Chicago State Illinois ZIP Code + 4 60603-5301	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Client relations expenditures relating to provision of banking services.
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. 12/17/2005 - \$285.00 - Bulls Basket Ball Tickets 12.b. Amount. \$285

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Legacy Professionals LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 North LaSalle Street Ste. 4200

City Chicago

State Illinois ZIP Code + 4 60602

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Conducts annual audit of Local Union and publishes four quarterly financial reports during fiscal year

11.b. Approximate dollar value of such dealing. \$21,300

12.a. Nature of interest held or income received.

04/11/2005 - \$200.00 - Bulls Basketball Tickets
09/07/2005 - \$133.00 - White Sox Baseball Tickets
09/20/2005 - \$133.00 - White Sox Baseball Tickets

12.b. Amount. \$466

Name of Person Filing Joseph Boston

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Illinois

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

N/A